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		U.S. PATI	ENT DOCUMENTS				
*EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLAS	S SUBCLASS	FILING DATE IF APPROPRIATE	
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		FOREIGN P	ATENT DOCUMENTS			<u> </u>	
	DOCUMENT NUMBER	DATE	COUNTRY	CLASS	S SUBCLASS	TRANSLATION YES/NO/ OR ABSTRACT	
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	OTHER	DOCUMENT(S) (Including Author, Title, D	Date, Pertinent	Pages, Etc.)		
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant(s).